

Return Authorization Form



For Office Use Only

Date _____

RA # _____

Each Unit Returned Must Have It's own RA#

Authorized By _____

Customer Company Name _____

Name _____

Email _____ Invoice # _____

Phone _____ Date _____

Model/Part Number _____

Each Unit Returned Must Have It's own RA#

Reason For Return

Any returned units repaired and the balance not paid for within 90 Days will be disposed of. Returns will not be shipped until full balance is paid. Any damages covered by warranty will be exempt from this.

NOTE: Each returned box **MUST** have **RA#** written on it in **BOLD**.

Email Return Form to:
cs@solaroenergy.com

or

Mail to:
Solaro Energy
22955 McAuliffe Dr., Suite A
Robertsdale, AL 36567